General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Lydiate Pharmacy, 28 Liverpool Road, Lydiate, Maghull, LIVERPOOL, Merseyside, L31 2LZ

**Pharmacy reference:** 1034523

**Type of pharmacy:** Community

**Date of inspection:** 24/09/2019

## Pharmacy context

This is a community pharmacy on a parade of shops. It is situated in the residential area of Lydiate, in Sefton. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and emergency hormonal contraception. A number of people receive their medicines in multi-compartment compliance aids.

## Overall inspection outcome

✔ **Standards met**

**Required Action:** None

Follow this link to find out what the inspections possible outcomes mean

## Summary of notable practice for each principle

| Principle | Principle finding | Exception standard reference | Notable practice | Why |
|---|---|---|---|---|
| **1. Governance** | Standards met | N/A | N/A | N/A |
| **2. Staff** | Standards met | N/A | N/A | N/A |
| **3. Premises** | Standards met | N/A | N/A | N/A |
| **4. Services, including medicines management** | Standards met | N/A | N/A | N/A |
| **5. Equipment and facilities** | Standards met | N/A | N/A | N/A |

## Principle 1 - Governance ✔ Standards met

### Summary findings

The pharmacy team follows written procedures. But they do not have written procedures for all of their services, so the pharmacy team may not always fully understand what is expected of them. Members of the team do not always record things that go wrong, so they may miss some learning opportunities. The pharmacy generally keeps the records it needs to by law. And staff are given training so that they know how to keep private information safe.

### Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in June 2018 and their stated date of review was May 2020. But the folder containing the responsible pharmacist (RP) SOPs could not be found. So members of the pharmacy team may not have access to procedures about the RP. The pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded on a standardised form. A recent error involved an incorrect assembly of a multicompartment compliance aid. The pharmacist had investigated the error and action taken to help reduce the risk of further errors included improving the patient records and retraining staff. A recent dispensing error had occurred but had not been recorded. So learning opportunities may be missed. A paper log was available to record near miss errors. The current log had only one incident recorded, and previous records could not be found. The staff said the pharmacist would discuss errors with them each month, but there was no formal review. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. Staff provided an example of action they had taken to avoid errors by moving tamsulosin MR tablets away from tamsulosin MR capsules. The company had provided stickers to display in the dispensary locations of lookalike or sound alike medicines.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The dispenser was able to describe what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Complaints would be recorded and sent to the head office to be followed up. A current certificate of professional indemnity insurance was on display in the pharmacy.

The RP had their notice displayed prominently and was signed in to the RP register. But the records did not normally state the end of their tenure. So the pharmacy may not be able to demonstrate whether a RP was present at a particular point in time. Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records of private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team had read the policy and had signed confidentiality agreements in their contracts. When questioned, the dispenser was able to describe how confidential waste was segregated and destroyed using the on-site shredder. A notice in the retail area described how the company handled people's information.

Safeguarding procedures were included in the SOPs. The pharmacist said he had completed level 2 safeguarding training. Contact details of the local safeguarding board were on display in the dispensary. The dispenser said she would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included a pharmacist manager, a pre-registration pharmacist, three dispensers, a medicine counter assistant (MCA) and a driver. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist, pre-registration pharmacist, two dispensers and an MCA. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system. Relief staff could also be requested from other branches in the company.

Members of the pharmacy team completed some additional training, for example they had completed a training pack about Dementia Friends. Staff were allowed learning time to complete training. But further training was not provided in a structured or consistent manner so learning needs may not always be identified or addressed.

The dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy team and the company. The dispenser commenced her employment earlier this year, and she said she received a good level of support from the pharmacy team and felt able to ask for further help if needed.

Appraisals were conducted annually by the pharmacist manager. A dispenser said she thought the process was a good chance to receive feedback and to discuss her work. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. The pharmacist said he was not set any service-based targets.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kettle, microwave, and WC facilities.

A consultation room was available with access restricted by use of a lock. There was a computer, a desk, seating, adequate lighting, and a wash basin. The space appeared cluttered with files and folders, and a microwave was stored in the room. This detracted from the professional appearance expected of a consultation area. The patient entrance to the consultation room was clearly signposted.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered. There was also information available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery management system. A mobile device was used to obtain signatures from the recipient to confirm delivery. Devices belonged to the company and were stored in the pharmacy overnight. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using an alphabetical retrieval system. Prescription forms were not always retained. So the pharmacy team may not have all of the information they may need when medicines are handed out. Stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 CDs were highlighted so that staff could check prescription validity at the time of supply. However; schedule 4 CDs were not. So there is a risk that these medicines could be supplied after the prescription had expired. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The staff said the pharmacist had spoken to patients who were at risk and had made them aware of the pregnancy prevention programme, which was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Assessment for people to start a compliance pack was conducted by the GP. A record sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with a dispensing check audit trail. But medication descriptions were not

always included, so people may not be able to identify the individual medicines. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. Stock was date checked on a 2-monthly basis. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted with a pen and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office and MHRA. Alerts were printed and stored in a folder.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in September 2018. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean by the pharmacy team.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

## What do the summary findings for each principle mean?

| Finding | Meaning |
|---|---|
| ✔ Excellent practice | The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards. |
| ✔ Good practice | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services. |
| ✔ Standards met | The pharmacy meets all the standards. |
| Standards not all met | The pharmacy has not met one or more standards. |